

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 713935

1. Entity Name

PALM SPRINGS GARDENS BUILDING ONE CONDOMINIUM AS

Principal Place of Business

110 ROYAL PALM RD.
HIALEAH FL 33016

Mailing Address

2011 W 62 ST
HIALEAH FL 33016-2657
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1321024

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HERNANDEZ, HENRY
2011 W 62 ST
HIALEAH FL 33016

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE SD ☒ Delete
NAME GONZALEZ, ROGELIO
STREET ADDRESS 110 ROYAL PALM ROAD #110
CITY-ST-ZIP HIALEAH GARDENS FL 33016

TITLE SD ☐ Change ☒ Addition
NAME DAISY MEDEROS
STREET ADDRESS 110 ROYAL PALM ROAD #111
CITY-ST-ZIP HIALEAH GARDENS, FL. 33016

TITLE TD ☐ Delete
NAME GARCIA, CARIDAD
STREET ADDRESS 110 ROYAL PALM ROAD #308
CITY-ST-ZIP HIALEAH GARDENS FL 33016

TITLE PD ☒ Change ☐ Addition
NAME CARIDAD GARCIA
STREET ADDRESS 110 ROYAL PALM ROAD #106
CITY-ST-ZIP HIALEAH GARDENS, FL. 33016

TITLE PD ☒ Delete
NAME REGALADO, EMILIO
STREET ADDRESS 110 ROYAL PALM ROAD #217
CITY-ST-ZIP HIALEAH GARDENS FL 33016

TITLE TD ☐ Change ☒ Addition
NAME JOSEPH ABATE
STREET ADDRESS 110 ROYAL PALM ROAD #317
CITY-ST-ZIP HIALEAH GARDENS, FL. 33016

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/00

(305) 558-9820

Date

Daytime Phone #

CR2E037 (9/99)